

Foster Family Home - Corrective Action Report

Provider ID: 1-100035

Home Name: Mitci C. Aguinaldo, NA

Review ID: 1-100035-8

1297 Kukila Street

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 2/5/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Corrective Action Report issued during home inspection with all items due to CTA by 3/5/20.

Foster Family Home

Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) - CG #3 did not lead a fire drill in 2019.

Foster Family Home

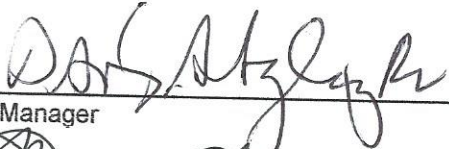
Records


[11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) - No February MAR for client #1. All medications have not been recorded since February 1st.


Compliance Manager


Primary Care Giver

2/5/20
Date

2/5/20
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **MITCI AGUINALDO**

CCFFH Address: **1297 Kukila Street, Honolulu, Hawaii 96818**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
46.(a)	I have scheduled CG #3 to lead a fire drill on 02/07/2020	02/07/2020	I have have arranged and scheduled for all my CG's to lead a fire drill in 2020.
54.(c)(5)	I have requested for a new copy of the MAR from my case management agency and recorded all given medications.	02/05/2020	I have arranged with my case manager to send me updated MAR one week prior to ending of the month. If not met, I must initiate and request for new MAR forms one week prior to ending of the month and document all given medications.

Primary Caregiver's Signature: _____



Print Name: **Mitci Aguinaldo**

Date of Signature: **02/13/2020**